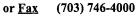
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APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/088,347	03/18/2002		Takesl	hi Satoh	SPO-611	9250	
	PHOTO-CURABLE REPAR				,		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
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EXA	EXAMINER		IT	CLASS-SUBCLASS] [1, ,		
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CFR 1.363). Change of correspon Address form PTO/SB/1 Tee Address" indica PTO/SB/47; Rev 03-02 Number is required.	ation form	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Sherman & Shallowa 2 3					
	D RESIDENCE DATA TO E						
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<u>=</u>	Tokuyama Corporation Yamaguchi, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government Corporation or other private group entity Corporation or other private group entity Individual Corporation or other private group entity Corporation or other private group entity Individual Corporation Individu						
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Typed or printed name _	LEOVARTY	U SHE	MAN	Registration	n No. 11463(

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